BOOK REVIEWS

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Aortic surgery

Jeffrey L. Ballard; Georgetown, Tex; 2000; Landes Bioscience; 352 pages; $45.00.

This spiral-bound handbook is one text in a series published by Landes Bioscience. The publisher's stated goal is to produce a series of comprehensive medical handbooks covering "technology driven topics in clinical medicine." Given the recent advent of endovascular technology and the impact that this technology has had on the field of aortic surgery, this book is a timely edition to the series.

Dr Ballard has assembled a well-known and respected group of practicing academic vascular surgeons/interventionalists from throughout the United States to contribute 30 concise chapters covering the breadth of aortic intervention. Many of the chapters appear to be updated versions of previous publications by these internationally recognized experts. All of the chapters include selected references from the vascular literature. The most useful chapters also include a brief synopsis of each referenced article, which may prove extremely helpful when deciding to delve deeper into the topic.

The first quarter of the book is devoted to pathophysiology and screening for aortic disease, and the preoperative evaluation of aortic pathology and associated medical problems. The major portion of the book deals with surgical and endovascular management of both simple and complex aneurysmal and occlusive pathology of the thoracic and abdominal aorta. The final five chapters address the management of complications arising from the treatment of aortic disease, the management of associated intra-abdominal disease, and the management of aortic dissection. The chapters tend to be well written and well illustrated, and they often describe the personal techniques used by the authors to address specific problems.

The chapter on endovascular aneurysm repair provides a nice history of the development of endovascular stent grafts and the short-term results of current series. However, this single chapter is not designed to provide a comprehensive review of the indications, techniques, and the details involved in endovascular aortic grafting, a subject which is more appropriately covered in a separate textbook.

While the series is intended for use by medical students, house staff and practicing physicians, the level of detail included in many chapters is clearly oriented to the more serious students of aortic surgery such as senior residents, vascular fellows, and practicing physicians. The list price of $45 will make it attractive to all students of aortic intervention. On a technical note, the spiral binding and size may make it a bit too large for the average white coat pocket, but nevertheless, this text will prove to be a very portable and useful addition for most physicians interested in aortic intervention.

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Clinical evidence: the international source of the best available evidence for effective health care

Oparil, Weber; London; 2000; BMJ Publishing Group; 1034 pages.

Now more than ever the term *evidence-based medicine* has become a focal point for debate among physicians as to the best treatment for disease. Fueled by the incredible ease of obtaining information and the rising cost of health care, thc practice of evidence-based medicine wages war with old habits, beliefs, and dogma. Without making recommendations, the book reviewed herein organizes the most current clinical scientific data concerning a wide range of diseases into an understandable format to foster an educated choice as to the best treatment. A wide variety of topics are covered in this comprehensive text. Unfortunately, given thc expectations of a vascular surgeon, the book falls short in many arenas.

Although the reviewer understands the daunting task of sifting through massive amounts of information to find valid clinical scientific data, coordinating a comprehensive team of advisors and international editorial board, and adhering to pressure to publish an updated publication every 6 months, there are several important topics that have been overlooked in this text. First and foremost, the book makes no mention of peripheral arterial disease. Symptomatic lower extremity atherosclerotic occlusive disease is a common affliction affecting upwards of one in 10 people over the age of 70. Moreover, major international societies such as the Society for Vascular Surgery and the American Association for Vascular Surgery have outlined recommendations for the evaluation and treatment of lower extremity atherosclerotic occlusive disease. The TransAtlantic Inter-Society Consensus on the Management of Peripheral Arterial Disease was recently published (January 2000) in a supplemental volume of the *Journal of Vascular Surgery*. Given the lack of awareness of peripheral arterial disease, as clearly represented in this book, and the hyperbolic increase of interventional peripheral arterial procedures by cardiologists, the editors should expedite a section dedicated to peripheral arterial disease. Whereas the clinical evidence provided in the text about aphthous ulcers and athlete's foot should not be underestimated, peripheral arterial disease continues to be a common disease that is poorly understood and associated with high morbidity and mortality.

Another disease missing from the book represents the 10th leading cause of death in men over the age of 55: infrarenal aortic aneurysms. With endoluminal repair now available to virtually any physician with access to a catheterization suite, now more than ever has the understanding about the natural history of infrarenal aortic aneurysms become paramount. Already there are rumors distant from vascular surgeons that small infrarenal aortic aneurysms measuring 3 to 4 cm should be repaired. Clinical evidence for treatment of infrarenal aortic aneurysms needs to be addressed.

Other important topics missing from the text include deep venous thrombosis, lymphedema, the sequelae of portal hypertension, and end-stage renal disease. Obviously, every disease cannot be placed in one text, but the book may be improved by guiding the reader to other sources of evidence-based medical information. The Dialysis Outcome Quality Initiative for renal failure is one of many examples.

The design, outline, and organization of the book are excellent. The reader is able to quickly sift through the data with the use of summary statements in bold under each of the potential options for treatment of a particular disease. Furthermore, the Web page, www.clinicalevidence.org, is dedicated to providing useful information about the book and new topics to be covered in subsequent issues. Finally, given the mission of this book and the scope of information regarding common diseases, the publisher should consider dividing the book into different volumes,